CLAIMS ONLY

Application Number	Filing Date
10/643506	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/		51							
2		/		/		/	52							
3		/	✕	✕	✕	/	53							
4		3		/		/	54							
5		3		/		/	55							
6		/		/		/	56							
7		0		/		/	57							
8		0	✕		✕		58							
9		0					59							
10	0	/		/		/	60							
11	0	/	0	/		/	61							
12						/	62							
13				/		/	63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	1		1		1		Total Indep							
Total Depend	15		9		9		Total Depend							
Total Claims	16		10		10		Total Claims							